usual process of death, or, at least, serious progress towards it, after abdominal operations have got into a way of dividing the disease into "septic" and "non-septic," the natural outcome of which is that the former term is applied to the fatal cases and the latter to those which recover. This may be convenient, but it is neither convincing nor free from a risk of blinding us to the actual facts of the case. From my study of clinical facts and post-mortem appearances I cannot discriminate between "septic" and "non-septic" peritonitis. That there is such a thing as septic peritonitis is made clear beyond dispute by the facts of puerperal deaths, but it is in the history alone that the septic element can be revealed. I have said that the great bulk of our operations now recover without trouble or treatment of any kind. For convenience let us assume that it is 85 per cent.; the other fifteen cases give us troubles of various kinds, and some end in death. Excluding the very few cases of eccentric damage, such as secondary hæmorrhage, injury of ureter or intestine, the troublesome cases have a singular uniformity in their downward progress. Of course they are not all alike; but their resemblance is about as close as are individual instances of any ordinary disease, and their course is about as follows: the first change is one of facial expression, quite indescribable in character, but easily caught by the experienced eye, and a sign which gives warning long before danger is indicated either by pulse or temperature, guides which are by no means infallible; in fact, whilst I rigidly keep to the fashion of recording the curves of pulse and body heat I have long since abandoned reliance on them save as confirmations of what I knew before.

The next indication of downward progress is distension of the epigastrium by collection of gas in the transverse colon. If unrelieved this steadily passes into general distension. Slight occasional beef-tea vomiting comes on speedily after the disturbance is well established, and is rapidly developed into vomiting of bilious matter—at first green, then brown, then coffee-ground, and then—silence. Two points I have long ago and persistently insisted on. The first is the immediate relief of distension by purgatives, by mouth and rectum, so that I have roughly described the process as one of a race between the distension and the treatment. If the distension is not, or cannot be, overcome the patient usually dies. Usually the treatment is effective, for my nurses are drilled in the utmost vigilance in the matter of distension, and engage in its treatment at once, so that in my practice the old-fashioned death from progressive distension has become a rarity. The nurses are, of course, cautioned against the treatment in certain special cases, where it is clearly contraindicated by the nature of the operation. When such cases do succumb the post mortem reveals the old-fashioned appearances of peritonitis. In the other cases, have I stopped peritonitis in its early stages? or have I prevented it, as suggested by Dr. Herman's denial? or have I cured it? or was there ever peritonitis present in the cases that got well? a question answered by vehement denial by a recent writer. These are very interesting subtleties for some minds—I don't trouble mine about them at all. The success of the purgative treatment of these cases, well enough defined as they must be in the practice of everyone, has now secured a world-wide recognition, and I don't care a fig about pathologico-metaphysical conundra. The second point on which I lay stress is that of time—and here I have not been so successful in securing the ear of the profession. But it is simply this, that after a completed abdominal section symptoms and conditions may occur harmlessly on the ninth day which would be fatal on the fourth. I earnestly ask those practising abdominal surgery to watch for illustrations of this curious fact, and I apologise for its further repetition.

I am, Sirs, yours truly,

LAWSON TAIT.

The Crescent, Birmingham, Jan. 14th, 1895.

PERNICIOUS ANÆMIA.

To the Editors of THE LANCET.

SIRS,—With reference to the report on Pernicious Anæmia in Fiji, by Mr. C. T. W. Hirsch, in THE LANCET of Dec. 1st, 1894, having been myself for nearly three years medical officer in the district from which he writes, I should like to make a few additional remarks. The first notes I found of pernicious anæmia in that district were in 1884 or 1885, in which attention was called to the slight influence drugs (iron, arsenic, &c.) had on its progress. From 1890–92 it was in my experience very common amongst the East Indian immigrants. Natives and Polynesian immigrants, though working under similar conditions, but feeding more on solid root foods—e.g., yams—and being more cleanly, both in general habits and feeding, were rarely affected. The symptoms and course of the disease, as described by Mr. Hirsch, were much as I observed them, with the exception that out of 100 consecutive cases I found no retinal hæmorrhages. In about 50 cases examined post mortem, without exception I found numerous ankylostoma, and associated with them the same series of changes as described by Mr. Hirsch. Since leaving Fiji I have been pathologist to the Public Hospital, Georgetown, British Guiana, and in the course of some 1400 post-mortem examinations and numerous clinical observations have had ample opportunity of studying the changes associated with the presence of the ankylostoma. I find them in most respects identical with the so-called pernicious anæmia. The blood is thin and has little tendency to coagulate, the red corpuscles are reduced in number (frequently less than 18 per cent. of normal), whilst the hæmoglobin is only proportionately reduced; and the organs—in particular, the heart, kidneys, and the liver—are in an extreme state of fatty degeneration. In marked contrast with the latter is the highly coloured bile; there is almost invariably a deposit of hæmatoidin in the hepatic—and frequently in the renal—cells, with occasionally colourless granules, which give the iron reaction with acid ferrocyanide. The only difference noted is the absence of other than intestinal hæmorrhages. My recollections of the post-mortem examinations and cases I saw on the Rewa are so closely comparable to these that I have now, as I had then, no doubt that the disease is really ankylostomiasis. The non-observance of the ankylostomum by Mr. Hirsch in some of his cases was possibly due to the fact that ankylostoma, even before putrefaction has commenced (less than twelve hours in Fiji), cease to attach themselves to the intestines and, if a current of water is used to wash the intestines, will be washed away, or, if the fæces be wiped off with the finger, will be found in them, and not on the intestine. If either method be adopted, and the fæces or washings be not examined separately, even very numerous ankylostoma will readily escape detection.

In conclusion, the oil of male fern is not to be compared for efficacy with thymol, but even the latter, unless great care is taken in administration, will frequently be disappointing. The simple fact that thymol has been ordered and possibly given proves little. Unless care is taken to prove that considerable numbers of worms have been expelled, and by frequent examinations of the stools after the administration to show that few or no ova are found, little reliance can be placed on the results. Of course, the resemblance of the disease to pernicious anæmia is greatly in favour of a toxic action of the ankylostomum rather than the old theory of numerous minute hæmorrhages. The frequent presence of ankylostoma, even in numbers, without any obvious symptoms resulting, is not easily explicable, though in some of these cases I have found a slight illness, from which the patient apparently recovered, to serve as a starting-point for the progressive pernicious anæmia, checked only by removal of the ankylostoma.

I am, Sirs, yours truly,

C. W. DANIELS, M.B. Cantab.,
British Guiana Medical Service; late District Medical Officer, Rewa, Fiji.

British Guiana, Dec. 24th, 1894.

SEIZURE OF TINNED FOOD.

To the Editors of THE LANCET.

SIRS,—When sanitary officers are about to seize unsound food, more especially that which is tinned, I should like to point out a legal technicality which has arisen through the decision recently given in the case of Regina *v.* Dennis. This decision, it will be remembered, is the result of the appeal decided by eleven judges. The case is reported at some length in the *Justice of the Peace*, Sept. 29th. The conviction against Dennis was quashed, ten judges assenting. Mr. Justice Mathew, the only dissenting judge, in giving his opinion stated: "I do not see why, if the notice in question should be held to exonerate the seller, a notice to the same effect set up in the shop or on the barrow of the buyer should not be equally available to him as an answer to proceedings for seizure, condemnation, or punishment

under the statutes." I will now explain how this statement has bearing upon a seizure recently made in my district. On the night of Nov. 30th 392 tins containing lobster were seized in Chrisp-street, Poplar. At the time of seizure 15 tins were opened on the barrow, 156 tins were also opened but placed under the barrow, and the remainder were unopened on the barrow. On the barrow was exhibited a good-sized card stating, "Fresh lobster, 1½*d.* a tin; all bad ones changed." The 392 tins were taken next day (Dec. 1st) before Mr. Dickenson, the magistrate sitting at the Thames Police-court, who requested that all the unopened ones should be opened, and then he made the order for the contents of the whole number seized to be destroyed. The owner was summoned on Dec. 7th for the exposure of the lobster. The defendant's solicitor pleaded that the contents of the tins under the barrow were not exposed for sale, but were placed there in order to be destroyed, and that the contents of the only tins exposed for sale were those of the fifteen opened ones on the barrow; and he argued that so far as the unopened tins on the barrow were concerned the defendant covered himself by exhibiting the notice, "All bad ones changed." When I was giving my evidence I was asked, "Did I see these fifteen tins apart from all the other opened tins?" My answer was in the negative, for when the sanitary inspector sent for me to go to Poplar Police-station the fifteen opened tins were mixed with the other opened ones taken from under the barrow; but I explained that these fifteen opened tins could not have been good because there was not one good tin among the whole number seized. The defendant was fined £5 and 30*s.* costs. Now, Sirs, as I was unable to pick out the fifteen tins, I feel certain that a conviction would not have been obtained if the whole number of opened tins had not been bad. This shows from the recent decision, in order to obtain a conviction for exposure, the importance of keeping separate at the time of seizure of tinned food any tins exposed on a barrow or stall. This may seem a trivial point to write about, but I have had some little experience in seizing tinned food in the streets, and I may say the duty is not a pleasant one, especially in a crowded market street late at night, when one is liable to be hustled and the tins mixed. I am, Sirs, your obedient servant,

FREDK WM ALEXANDER,
Medical Officer of Health, Poplar and Bromley.

Wellington-road, Bromley-by-Bow.

ISOLATION OF CASES OF OVARIOTOMY.

To the Editors of THE LANCET.

SIRS,—In your account of the proceedings of the last meeting of the Royal Medical and Chirurgical Society I am reported to have said that I "did not see great objections to ovarian cases being put in general wards." May I ask you kindly to allow me space to explain that I said it seemed to me most undesirable to put these cases with other patients until convalescence was so far advanced that a satisfactory termination of the case was assured? Septic peritonitis is the great danger of these cases, and septicæmia is more apt to occur when a patient is put in a ward beside others suffering from various diseases than when she has a room for her own use, and the risk of infection is especially increased in drainage cases. It should be remembered that with a wounded peritoneum mischief of an irreparable nature may be done in a moment, and that a degree of septic infection which would only cause a temporary rise of temperature and irritation of tissue, with perhaps an abscess formation, in a superficial wound such as that of an amputation of the breast might kill with great rapidity if it came into contact with the peritoneum. Many cases of ovariotomy require constant attention from the nurses for three or four days, and sometimes much longer, after the operation, although they may eventually make complete recoveries. It cannot be good for the patient herself to lie in a general ward when she is very ill, or for other patients to see her in that condition; and as it is quite impossible to tell beforehand whether a patient will require drainage of the peritoneum, and whether she will make an easy or a difficult convalescence, it seems to me that the plan of isolating these cases has all the advantages that can be claimed for their treatment in a general ward and many recommendations besides. Ovariotomy could hardly have been brought to its present state of excellence without isolation of the patients, and this excellence is not likely to be maintained and increased if less care and attention are devoted to the patients than formerly. I am strongly of opinion that it will be found to conduce to the safety of patients, after abdominal section has been performed, to treat them in private wards as long as they are acutely ill.—I am, Sirs, your obedient servant,

Portman-street, Jan. 12th, 1895. JOHN D. MALCOLM.

"THE BARIUM WATERS OF LLANGAMMARCH AND THE THERAPEUTICS OF BARIUM SALTS."

To the Editors of THE LANCET.

SIRS,—Dr. Cruise's letter in THE LANCET of the 12th inst. on the use of barium salts appears to me especially valuable as indicating the smallness of the dose (one-sixth of a grain of the iodide three times a day) required to produce "remarkably good results," his experience extending over a period of thirty years. Whether the iodide is a more active or more desirable form for administration than the chloride I will not now discuss; but from my personal knowledge of the favourable results experienced from the use of the Llangammarch water I should prefer to prescribe it in the form in which it exists in that spring. It is to be hoped that neither medical men nor their patients in their anxiety to try a new remedy will be led into the error of adopting any but the most moderate doses, for I feel convinced that experience will demonstrate that all the beneficial results are to be obtained from doses considerably less than a grain of the barium salt—that is to say, in tumbler doses of the Llangammarch waters. Judging from the similarity to arsenic in some of its effects as an alterative, together with what I have learnt of the remarkable benefit that has accrued from the use of the Llangammarch waters in some cases of anæmia, some of which are mentioned by Dr. Bezly Thorne in THE LANCET of Dec. 1st, 1894, I am strongly impressed with the probability of its proving beneficial in cases of pernicious anæmia. It certainly merits a trial in that direction. Another class of cases in which I have known it to prove serviceable is in chronic gastric catarrh and in flatulent dyspepsia.—I am, Sirs, yours faithfully,

FREDERICK GEORGE, M.D.

Albemarle-street, W., Jan. 15th, 1895.

CORONERS' INQUESTS.

To the Editors of THE LANCET.

SIRS,—The question whether, in these days of improved medical science and the daily paper, it is necessary to maintain the obligation upon coroners and their juries to view dead bodies upon which inquisitions have to be taken is one that is constantly cropping up, and every session of Parliament sees a Bill introduced by a different group of members, having for its object the relief either of the coroner or the jury, or both, from the duty, or leaving it to the coroner to determine whether the jury shall view or not in any particular case. Attention having been drawn to the subject by a resolution of the council of the Coroners' Society, expressing the opinion of the council "that no alteration in the existing law is required or is desirable, and, further, that an attempt to do away by law with the view of the body by the coroner and jury would be prejudicial to public interest and policy and detrimental to public confidence in the court," which appeared in THE LANCET of Nov. 17th, 1894, I venture as a provincial coroner to submit that there are two sides to this as to most other questions, and that even among coroners there is a difference of opinion on the subject. May I beg space to discuss it in some detail? Those coroners who support the maintenance of the *status quo* assert that the whole of the coroner's jurisdiction is based on the existence of a dead body, that though a person be lost the coroner has no function to inquire after him unless and until his dead body is found, and that the inquisition can only be taken *super visum corporis*, and that the dead body itself is a material part of the evidence upon which the jury must ground their verdict; that if coroners lose the right to view the body they will weaken their right to take possession of and deal with it as they think necessary by way of post-mortem examination or otherwise, so as to ascertain the true cause of death; that the view is an ancient and desirable part of the proceedings of an inquest, and ought not to be lightly given up.

Those coroners, on the other hand, who consider that a